

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 29 PM 1:57

1. Entity ID Number 1663846		2. Exact name of the Corporation COSTA DEL SOL RESTAURANT INC			
3. Principal Office Address 791 LONSDALE AVENUE			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DOLORES ACEVEDO			Vice-President Name PEDRO ACEVEDO		
Street Address 8 JEFFERSON STREET			Street Address 791 LONSDALE AVENUE		
City ATTLEBORO	State MA	Zip 02703	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name DOLORES ACEVEDO			Treasurer Name PEDRO ACEVEDO		
Street Address 8 JEFFERSON STREET			Street Address 791 LONSDALE AVENUE		
City ATTLEBORO	State MA	Zip 02703	City CENTRAL FALLS	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	CNP	0.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <i>Dolores Acevedo</i>					Date 02/28/2017
Signature of Authorized Representative <i>[Signature]</i>					FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 29 2017
 By *[Signature]* **1072**